## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mort&m

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P95000086226 (4)

VTG REALTY, INC.

| Principal | Place | AF BU | einoce   |
|-----------|-------|-------|----------|
| rinopai   | riaco | 01 00 | 311 1000 |

Mailing Address

## **FILED** Jun 06 1997 8:00am Secretary of State



| 531 NO. DIXIE<br>LAKE WORTH 1   |  | LAKE WORTH FL 33460-30                | )39                    |   |  |                                    |
|---|--|---------------------------------------|------------------------|---|--|------------------------------------|
|   |  |                                       |                        |   | 3. Date Incorporated or Qualified 11/09/1995                           | 38. Date of Last Report 05/01/1996 |
| 2. Principal Pi   | ace of Business  | 2a. Mailing Address                   |                        |   | 4. FEI Number  | Applied For                        |
| 21  |  | 26                                    |                        |   | APPLIED FOR 65   | 0621257 Not Applicable             |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.                   |                        |   | 5. Certificate of Status Desired                                       | \$8.75 Additional                  |
| 22  |  | 27                                    |                        | <del></del>                                 | b. Certificate of Status Dealect                                       | Fee Required                       |
| City & State  |  | City & State                          |                        |   | 6. Election Campaign Financing   | \$5.00 May Be                      |
| 23  |  | 28                                    | ·                      |   | Trust Fund Contribution  | Added to Fees                      |
| Zip   | Country  | Zip                                   | Zip Country            |   | 8. This corporation has liability for intangible tax under s. 199.032, |                                    |
| 24  | [25]   | 29                                    | 30                     |   |  |                                    |
|   | 9. Name and Address of Curren  | t Registered Agent                    | 81                     | I Nome                                      | 10. Name and Address of New Re   | gistered Agent                     |
| GIAN  | MPORCARO, VINCENT  |                                       | 61                     | l Name                                      |  |                                    |
| 5597 DESCARTES CIRCLE   |  | 82                                    | Street Add             | Address (P.O. Box Number is Not Acceptable) |  |                                    |
| ∽ BOY   | NTON BEACH FL 33437  |                                       |                        |   |  |                                    |
|   |  |                                       | 83                     | 3   |  |                                    |
|   |  |                                       | 84                     | City  |  |                                    |
|   |  |                                       |                        |   |  | <u> </u>                           |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |  |                                       |                        |   |  |                                    |
| SIGNATURE   |  |                                       |                        |   |  |                                    |
|   | Signature, typed or printed name of registered age   |                                       |                        | gent signature requ                         | uired when reinstating) ADDITIONS/CHANGES TO OFFICE                    | DATE                               |
| 12.   | OFFICERS ANI   | DELETE                                | 13.<br>1.1 UTLE        |   | ADDITIONS/CHANGES TO OFFIC   | Change Addition                    |
| TITLE   | OP NAME OF A PART OF A PAR | L. Detect                             | 1                      |   |  |                                    |
| NAME  | GIAMPORCARO, VINCENT<br>5597 DESCARTES CIRCLE  |                                       | 1.2 NAME               |   |  |                                    |
| STREET ADDRESS  |  |                                       |                        | T ADDRESS                                   |  |                                    |
| CITY-ST-ZIP   | BOYNTON BEACH FL 33437   | DELETE                                | 1.4 CITY-<br>2 1 TITLE |   |  | Change Addition                    |
| TITLE   | DVS  | L Decer                               |                        | ,   |  | C OVERAGE TO MOSTON                |
| NAME  | GIAMPORCARO, THERESA   |                                       | 2 2 NAME               | į   |  |                                    |
| STREET ADDRESS  | 5597 DESCARTES CIRCLE  |                                       |                        | T ADDRESS                                   |  |                                    |
| .C/TY-ST-Z/P  | <b>BOYNTON BEACH FL 33437</b>  | DECETE                                | 2. 4 C/TY<br>3.1 T/TLE |   |  | Change Addition                    |
| TITLE   |  |                                       |                        | 1   |  | Onlings Rounion                    |
| NAME  |  |                                       | 3.2 NAME               |   |  |                                    |
| STREET ADDRESS  |  |                                       |                        | ET ADDRESS                                  |  |                                    |
| CITY-ST-ZIP   |  | DELETE                                | 3 4. CITY              |   |  | Change Addition                    |
| TITLE   |  |                                       | 4.1 TITLE              |   |  | C Orango C Radiion                 |
| NAME  |  |                                       | 4. 2 NAM               |   |  |                                    |
| STREET ADDRESS  |  |                                       |                        | ET ADDRESS                                  |  |                                    |
| CITY+ST-ZIP   |  |                                       | 4.4 CITY-              |   |  | District Districts                 |
| TITLE   |  | L DELETE                              | 5.1 TITLE              |   |  | Change Addition                    |
| NAME  |  | •                                     | 5.2 NAME               |   |  |                                    |
| Street address  |  |                                       | 5.3 STREE              | ET ADDRESS                                  |  |                                    |
| CITY-ST-ZIP   |  |                                       | 5.4 CITY-              |   |  |                                    |
| TITLE   |  | ☐ DELETE                              | 6.1 TITLE              |   | •  | Change Addition                    |
| NAME .  |  |                                       | 6.2 NAME               | .   |  |                                    |
| STREET ADDRESS  | * <b>.</b>   |                                       | 6.3 STRE               | E1 ADDRESS                                  |  |                                    |
| CITY-ST-ZIP   | <u> </u>   |                                       | 6.4 CITY               |   |  |                                    |
| dd I da basal   | A delle stand the find annual an according   | المديم أحج مممام ماليالة منطقاليانيين | fu for the or          | comption state                              | od in Section 110 07(3)(i) Florida Statute                             | e I turther codify that the        |

Ag does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name ment with an aldress information indicated on this annual report 1 am an officer or director of the corporation appears in Block 12 or Block 13 if change